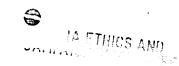
File with: lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319



## FOR INSTRUCTIONS, SEE BACK OF FORM ISCLOSURE SUMMARY PAGE



2009 JUL 17 AM IO: LI.

Fax: 515-281-4073	DISCLOSURE	SUMMARY PAGE			SOLI/ A
COMMITTEE NAME (Must b	e same as on Statement of Org	anization) # 6127			
MPORTANT: Indicate by # type 1 )Statewide/Legislative/Judge 4 )County Central Committee (	of committee you are reporting for: Standing for Retention Candidate ( 5) County Candidate (6) City Candity PAC (10) School	2	- (R	FORM DR-2 Rev. 07/2007) or Office Use On	DISCLOSURE REPORT
1 ) Local Ballot Issue			co	omm. #	
CANDIDATE COMMITTEES Candidate Name	ONLY:	Political Party (if applicable)	Sc		7 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Office Sought		District (if Senate or House)	1 1		
ate reports are subject to possi	ble civil and criminal penalties. P	ursuant to Iowa Code sections 688.3	2A(7) and 68.	A.401(3), the ca	ndidate, for a
IGNATURE OF BERSON FI	ING REPORT	563-557-9823 TELEPHONE		DATE S	IGNED
OMERING A TILL	1974, 2009	REPORT FOR (1) ELECTIO	N ((2)NON-	ELECTION YE	ΔR
<del></del>	eport date)	Indicate by		ELECTION	~~.
CHECK IF AMENDMENT T	O REPORT DATED		Local Com	mittees, enter Da	te of Election
ASH ON HAND at the begin	IENT OF CASH ON HAN	otal of all funds held by the			•
committee. This amo	ount MUST be the same as the period or must be zero if this is t	cash on hand at the end first report filed.)	\$	75,0	91
	Y TAKEN IN THIS PERIOD			410	21
		dule A) (*also see in-kind below)		217,	91
		e F)			
		ach Schedule H)	• • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · · · · · · · · ·
(Schedule i	H applies to Candidates' Com			894	0)
		SUB-TOTAL	\$	0.77	
	MONEY SPENT THIS PERIO		٨	~	<b>n</b>
		) (**also see debts and loans below			<u> </u>
		ule F)		294	02
ASH ON HAND at the end o	f this reporting period (if final re	port balance must be zero)	\$	0.77	70
		***************************************			
		edule E)			
OUTSTANDING LOANS (F	rom Schedule F - Attach Sched	ule F)	\$		
CONSULTANT BREAKDOW	N (Schedule G Attached?)		_	YES	NO
CANDIDATE COMMITTEES			,		
	PERTY (From Schedule H - Atl		\$		
STATE COMMITTEES. S. A.	nace extension comes a fire	unt hank statement in January of ea	ach vear.		

## For Instructions, See Back of Form

## **CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)	<b></b>
COMMITTEE NAME (Must be same as on Statement of Organization)	
FIRST CONGRESSIENAL DISTRICT COUPLE, AFL-CIO	L

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS				
CHECK THIS BOX IF AMENDING FORM					

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
4/1/09	ID# 6399 CK#	Oubugue Frderation of LABOR		s 219.21	
	ID#			677127	
	CK#				
· · · · · · · · · · · · · · · · · · ·	ID#				
	CK#				<u> </u>
	ID#	:			
	CK#				L
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	CK#				L
	ID#				
	СК#				<u> </u>
	ID#				
	CK#				<b> </b>
	ID#				
	СК#				<del> </del>
	ID#				
	CK#				<b>    </b>
<u> </u>	<u></u>		SUB-TOTAL	\$ 219.01	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

of / (for Schedule A)

TOTAL (if last page of this schedule)